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# FACSIMILE COVER LETTER

Our Ref.:	PGS100001000	Your Ref.:S/N 10644,360
Fax No. Called:	703-872-9306	
Please Deliver To:	Ex. H. Lam P. Pham U.S.P.T.O.	
From:	Peter W. Peterson	Art Unit: 2636
Date:	May 12, 2005	

We are transmitting	12	pages	(including	this	cover	sheet)
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### **MESSAGE:**

# AMENDMENT FOR FILING PLEASE ACKNOWLEDGE RECEIPT!!!

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	U.S., F	Approved Patent and Trademark	PTO/SE/21 (09-04) ad for use through 07/31/2008, OMB 0651-0031 rk Office; U.S. DEPARTMENT OF COMMERCE
Under the Pacerwork Reduction Act of 1995	no persons are required to respond to a col Application Number		nunlass it displays a valid OMB control number
TDANGMITTAL	Filing Date	10/844,350	
TRANSMITTAL	First Named Inventor	August 20, 2003	
FORM	Art Unit	Michael Sciarra	
	Examiner Name	2636	
(to be used for all correspondence after initial	filing)	Lam P. Pham	
Total Number of Pages in This Submission	Attorney Docket Number	PGS100001000	
	ENCLOSURES (Check all	that apply)	
Fee Transmittal Form  Fae Attached  Amendment/Repty  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Repty to Missing Parts/ Incomplete Application	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund CO, Number of CD(s)  Landscape Table on CD  Remarks	Address	After Allowance Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):
Reply to Missing Parts under 37 CFR 1.52 or 1.53	TURE OF APPLICANT, ATTO	DNEY OF ACE	ENT
Firm Name	IONE OF AFFECANTI, ATTO	MILI, ON AGE	
DaLio & Paterson, LLC	27		
Signature	6		
Printed name Peter W. Peterson	· · · · · · · · · · · · · · · · · · ·		
Date	. [	Reg. No. 31,867	7
I hereby certify that this correspondence is b sufficient postage as first class mail in an en the date shown below;		O or deposited with	
Signature Rank	ma beorene		
Typed or printed name Barbara Browne			Date May 12, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 97 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. 6ox 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTQ/SB/17 (12-04v2) Approved for use through 07/31/2008. OMB 9651-0032 U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL FOR FY 2005    Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT (\$) 0	Tinner the Panen			ons are required to r	isnana m a collectio	•		nadmun Intiona RMO hilev e e	
Filing Date   August 20, 2003   Filing Date   Filing Date   August 20, 2003   Filing Date   Filing Date   August 20, 2003   Altomay Dockat No.   PGS100001000    METHOD OF PAYMENT (check all that apply)  Chack   Credit Card   Money Order   None   Other (plesse ideatify):	Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).			Complete if Known					
FOR FY 2005    First Named Inventor   Michael Sciarre	FEE TRANSMITTAL				<del></del>				
Examiner Name   Lam P. Pham   At Unit   2636   Altomay Dockat No.   PGS100001000    METHOD OF PAYMENT (check all that apply)  Check   Credit Card   Money Order   None   Other (please identify):    Deposit Account Deposit Account Number, Q4-Q566   Deposit Account Name. DeLio & Peterson, LLC   For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments									
And Unit   2636   Altomay Docket No.   PGS100001000	For FY 2005						Michael Sciarra		
At Limit   2836   PGS100001000	Applicant c	alms small entity s	tatus. See 3	7 CFR 1.27					
Check   Credit Card   Money Order   None   Other (please identify):   Deposit Account Deposit Account Number, Q4-Q5666			T			_			
Check Credit Card Money Order None Other (please identify):    Deposit Account Deposit Account Number O4-0566   Deposit Account Name: DeLio & Peterson, LLC	TOTAL AMOUN	I OF PATMENT	(\$)	0	Altomay Docké	l No.	PGS100001000		
Deposit Account Deposit Account Number: 04-0566 Deposit Account Name: DeLio & Peterson, LLC  For the above-identified deposit account, the Director is hereby authorized to; (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee small entity  Fee (s) Fee (s) Fee (s) Fee (s) Fee (s)  Fee (s) Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee Paid (s)  A - 3 or HP = Apaid x	METHOD OF	PAYMENT (chec	k all that a	oply)					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	Check [	Credit Card	Money	Order Nor	ne Other (1	olease ideo	ntify):		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	Deposit A	ccount Deposit A	ccount Number	- 04 <b>-</b> 0566	Deposit A	count Nar	na: DeLio & Pet	erson, LLC	
Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments   WARNINGS: Information and Information and become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION						·		cept for the filing fee	
WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038.    FEE CALCULATION				derpayments of fe	e(s) Credi	any ove	rpayments		
Tender   Fee   F	WARNING: Inform	tion on this form m	ay become pi	ublic. Credit card In	_	•		rovide credit card	
BASIC FILING, SEARCH, AND EXAMINATION FEES   Small Entity   Small Entity   Fee (\$)	information and au	thorization on PTO	-2038.	<del></del>					
Filing FEES   Small Entity   Fee (\$)   Fee (	FEE CALCUL	ATION							
Application Type   Fee (\$)   Fee (	1. BASIC FILI								
Design   200   100   100   50   130   65		FILI		SEAF SEAF		EXAM			
Design   200   100   100   50   130   65		Type Fee				Fee (	\$) Fee (\$)	Fees Paid (\$)	
Plant   200   100   300   150   160   80	Utility	300	150	500	250	200	100		
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Bach claim over 20 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest humber of botal claims poid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims poid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)	Design	200	100	100	50	130	65		
Provisional 200 100 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Bach claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Bach independent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest humber of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Small Entity  Fee (\$)  Fee (\$)  Fee (\$)  Fee Paid (\$)  Small Entity  Fee (\$)  Fee (\$)  Fee Paid (\$)  Fee P	Plant	200	100	300	150	160	80		
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest humber of botal claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof. Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)	Reissue	300	150	500	250	600	300	<u> </u>	
Fee Obscription   Fee (\$)   Fee (\$)	Provisional	200	100	0	0	0	0		
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)							5 (\$)		
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Multiple Dependent Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof  See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)			no Reissues	ð					
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  A - 3 or HP = 4paid x = 0 = 0  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof. Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)	Each indepe	ndent claim ove	r 3 (includi	ng Reissues)	•				
22 - 20 or HP = 24paid x 0 = 0   Fee (\$)   Fee Paid (\$)			•				360	180	
HP = highest humber of total claims poid for, if greater than 20.  Index. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  4 - 3 or HP = 4naid x 0 = 0  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  [Fee (\$) Fee Paid (\$)  [Fee Paid (\$)]  - 100 = /50 = (round up to a whole number) x =		Total Claims Extra Claims Fee (\$) Fee Paid (\$)							
Index. Claims  4 - 3 or HP = 4paid x 0 = 0  HP = highest number of independant claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof				or than 20.	0		<u>Fae (\$)</u>	Fee Paid (\$)	
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)		-			Paid (\$)			<del></del>	
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =	3. APPLICATION SIZE FEE								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)  - 100 = /50 = (round up to a whole number) x = Fee Paid (\$)	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = (round up to a whole number) x =									
	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
TITULU CECIUI									
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)									
Other (e.g., late filing surcharge):									
UBMITTED BY OO OO									
enature Registration No. of acc. Telephone acc. 797 occ.									
ame (Print/Type) Peter W. Peterson Date May 12, 2005							<del></del>		

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**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR:	Michael Sciarra	)	EXAMINER:	Lam P. Pham			
SERIAL NO.:	10/644,360	)	ART UNIT:	2636			
FILING DATE:	August 20, 2003	)	DATE:	May 12, 2005			
FOR:	PET TRACKING CO	OLLAR		·			
AMENDMENT							
Commissioner of Patents		the Patent a	nd Trademark Offic	s being facsimile transmitted to e on the date shown below. ate: May 12, 2005			
Alexandria, VA ZZ313+143U			1 1				

Dear Sir:

Responsive to the Office Action mailed February 14, 2005, please amend the application as follows:

Signature: Burbara Beauce